

STANDARD CERTIFICATE OF DEATH

29537

State File No.

FILED SEP 22 1955

BIRTH NO.

REG. DIST. NO. 132

PRIMARY REG. DIST. NO. 3021

Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>1811 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Elder</u> c. (Last) <u>Elder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 9 1899</u>
9. AGE (In years last birthday) <u>55</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pollock Manufacturing Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pollock Manufacturing Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cement work</u>		
13a. FATHER'S NAME <u>John Elder</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Hiatt</u>	14. NAME OF HUSBAND OR WIFE <u>Goldie Gott Elder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-36-5380</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Elder</u> ADDRESS <u>Trenton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> (b) <u>4201</u> (c) <u>2 days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 20 1955</u> , to <u>Aug 22 1955</u> , that I last saw the deceased alive on <u>Aug 22 1955</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver F. Duffy</u>	23b. ADDRESS <u>Trenton Mo. Aug 24 1955</u>	23c. DATE SIGNED <u>Aug 24 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael's Chapel / Cem</u>	24d. LOCATION (City, town, or county) <u>Brimmon MO</u>
DATE REC'D BY LOCAL REG. <u>Aug 25, 1955</u>	REGISTRAR'S SIGNATURE <u>James J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Warren Blackmore</u> ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

P. Oliver Duffy

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1936

APR 19 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold L. Roberts*

Licensed Embalmer No. *492*

P. O. Address *Leontou, 2*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.